11											
Deadlines:	Incumbent electer Candidates and or candidate or being	DX 94728 Ie, WA 9812 tions: (206 6615-1248 grow@seate d and appo thers wit g newly ap	te.gov inted officials hin two weeks pointed to a po	of becoming a osition.	SEEC DOLLAR CODE (1) (2) (3) (4) (5) (6) (7) (8) (9)	\$0 \$1,000 \$5,000 \$10,000 \$25,000 \$100,000 \$200,000 \$1,000,000 \$5,000,000	\$ \$1 \$9 \$4,9 or more		FINA AFFA STAT	EME	NT
partner, sibli	family" means: (a) a ing, uncle, aunt, cousi me tax return. SMC 4	n, niece or i	domestic partne nephew, if that	er, or (b) a parent, pa person either resides	rent of a spous with or is a d	lependent on	the Cover	red Individua	ıl's most re	ecently file	stic ed
	ress (Use PO Box or V		ss) *	Midd	le Initial E	reportable i other deper them. Do id	information	family mem n to disclose ng in your ho ur spouse or e	for dependence domestic	dent child to not ide partner	entify
City Seattle	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Coun	ty	Zip + 98136					CITY GLERK	PH 1:	
An elec	s (Check only one box. ted or appointed official port as an elected office ate running in an elect appointed to an elective	al filing annocial. Term of	expired:		2019	Office Held Office title: Position nu Term begin	Seattle (	01 01/2020	ends:	12/31/20	023
List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or an immediate family member, received compensation, in any form, of \$2,400 or more during the period. Include stock options received during the reporting period that had a value of more than \$2,400.  (Report interest and dividends in Item 3.)											
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address	of Employe	r or Source of C	Compensation		upation or Ho Was Ea		nsation	Amo (Use 0	ount: Code)	
s	Seattle Popcom C ACG LLC, 9320 15			e S, Unit CD, Seattle	, WA 98108				(		
SP	Northwest Insuran		ob, oculie						( :		
Check Here if continued on attached sheet  List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or an immediate family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)											
Property Solo	d or Interest Divested	nicologi u	Assessed Value	Name and Address		,,	Nature a	nd Amount (L ration Receive	Jse Code)		nt or

(Use 1-9 Code) ( ) ( ) Not Applicable Mortgage Amount - (Use Code) Original Current Creditor's Name/Address Property Purchased or Interest Acquired Payment Terms Security Given (eg. 20 yrs at 4.3%) Not Applicable All Other Property Entirely or Partially Owned Not Applicable Check here  $\ \square$  if continued on attached sheet **CONTINUE ON NEXT PAGE** 

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS intan	bank and s gible prope rting period	rty (including but	insurance not limited	policies, stock to stock optio	, bonds and other ns) held during the	
Α.	Name and address of each bank or financial institution in which you		count or Description	of Asset	Asset Value (Use 1-9 Code)	Income Amount (Use 1-9 Code)	
	or an immediate family member had an account over \$24,000 at any time during the report period.	US Banl	(		(5)	(5)	
В.	Name and address of each insurance company where you or an immediate family member had a policy with a cash or loan value over \$24,000 during the period.	Symetra Symetra Lifewise			( <sup>7</sup> / <sub>7</sub> )	(0)	
C.	Name and address of each company, association, government agency, etc. in which you or an immediate family member, owned or had a financial interest worth over \$2,400. Include stocks, bonds,		pcorn Company, Ind		(8)	(5)	
	ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you or your immediate family member had	ACG LLC			(7)	(5)	
	decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. Stock shall be reported by	Above a	nd Beyond Repair Li	LC	(1)	(1)	
	market value at the time of reporting.				( )	( )	
Che	ck here ☐ if continued on attached sheet.						
4	List each creditor you or an immediate fam CREDITORS period. Don't include retail charge accour in Item 2.	nily member nts, credit c	owed \$2,400 or nards, or mortgage	nore any tir s or real es	ne during the state reported	AMOUNT (USE 1-9 CODE)	
Na	Creditor's Name and Address		s of Payment ears at 5.25%)	V	rity Given Ione	original current ( 4) ( 3 )	
Na	vy Federal vient	36 1	noths at 14% ne of Credit 11.9%		lone lone	4 4	
Na	avient ck here ☐ if continued on attached sheet.	In Schoo	Deferment 6.6%		Vone	(4) (4) 5	
	CK TIBLE III CONTINUES ON ALLEGATED CHOCK			Enter Dollar	Amount		
NET WORTH Enter your estimated net worth.			\$	765,811			
6 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate or an appointee to a vacant elective office filing your initial report, no F-1 Supplement is required.  Incumbent elected officials filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.							
A. At any time during the reporting period were you and/or an immediate family member (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company?  Ves. If yes, complete Supplement, Part A.							
B. Did you and/or an immediate family member have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? YES If yes, complete Supplement, Part A.							
C.							
D. Did you and/or an immediate family member prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? NO If yes, complete Supplement, Part B.							
E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, and/or an immediate family member accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you and/or an immediate family member to travel or to attend a seminar or other training? If yes to either or both questions, complete Supplement, Part C.							
AL	ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.  Contact Telephone: (206) 779-4118						
I hold a local elected office. I have read and am familiar with SMC 2.04.300 regarding the use of public facilities in campaigns.    Email: jesse@seattlepopcorn.com (work)					(work)*		
Email:(Home) Optional							
CE	CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.						
	2/4/19						
	Date // Signature					out Filer's Signatur	



SEEC FORM

SUPPLEMENT (7/18)

## **SUPPLEMENT PAGE**

PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOU AND ANY IMMEDIATE FAMILY MEMBERS						
Last Name Greene	First Jesse	Middle Initial E	DATE 02/04/19			
A OFFICE HE BUSINESS INTERESTS	(1) were an officer, director, organization, union, partner were a partner or member similar entity, including but	tion if, during the reporting period, you or any immediate family member rector, general partner, trustee, or 10 percent or more owner of a corporation, non-profit n, partnership, joint venture or other entity; and/or member of a limited partnership, limited liability partnership, limited liability company or ding but not limited to a professional limited liability company.				
	Legal Name: Report name used on legal doo					
•	Trade or Operating Name: Report name use		legal name.			
•	Position or Percent of Ownership: The office		o populaci(s) randered			
•	Brief Description of the Business/Organization					
•	Payments from Governmental Unit: If the gentity concerning which you're reporting, sho	w the purpose of each payment and the actu	al amount received.			
•	Payments from Business Customers and O proprietorship, union, association, business seek/hold office) which paid compensation of services or other consideration was given or	or other commercial entity and each gover if \$12,000 or more during the period to the e performed for the compensation.	nment agency (other than the one you entity. Briefly say what property, goods,			
•	Washington Real Estate: Identify real estate	owned by the business entity if the qualification	tions referenced below are met.			
ENTITY NO. 1		Reporting For: Self	X Spouse			
		Registered Don	estic Partner Dependent D			
LEGAL NAME: ACG LLC POSITION OR PERCENT OF OWNERSHIP						
TRADE OR OPERATING	ember and Manager					
ADDRESS: 9320 15th Ave S, Unit CD, Seattle, WA 98108						
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Property Management Construction Services Provider						
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:  Purpose of payments  Amount (actual dollars)						
Not A	pplicable	\$	0			
	CEIVED FROM OTHER GOVERNMENT AGEN cy name:	NCIES OF \$12,000 OR MORE:	ose of payment (amount not required)			
Not A	pplicable	Nor	e			
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE  Customer name:  Purpose of payment (amou						
SJC F	Property Management	Co	nstruction Services			

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Not Applicable

Check here ☐ if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE



PROVIDE INFORMATION FOR YOU AND ANY IMMEDIATE FAMILY MEMBERS

SEEC FORM

F-1

SUPPLEMENT (7/18)

## SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

Last Name Greene		First Jesse	Middle Initial E		DATE 2/3/19	
A	OFFICE HEL BUSINESS NTERESTS:	(1) were an officer, director, ger organization, union, partnersh were a partner or member of similar entity, including but no	neral partner, trustee, or 10 percen nip, joint venture or other entity; and of a limited partnership, limited liab ot limited to a professional limited lia	10 percent or more owner of a corporation, non-profit entity; and/or limited liability partnership, limited liability company or al limited liability company.		
	<ul> <li>Legal Name: Report name used on legal documents establishing the entity.</li> <li>Trade or Operating Name: Report name used for business purposes if different from the legal name.</li> </ul>					
	<ul> <li>Position or Percent of Ownership: The office, title and/or percent of ownership held.</li> </ul>					
	<ul> <li>Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.</li> </ul>					
	<ul> <li>Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the busine entity concerning which you're reporting, show the purpose of each payment and the actual amount received.</li> </ul>					
	•	Payments from Business Customers and Othe proprietorship, union, association, business or seek/hold office) which paid compensation of \$ services or other consideration was given or per	other commercial entity and each to 12,000 or more during the period to	governm	ent agency (other than the one you	
	•	Washington Real Estate: Identify real estate ow	ned by the business entity if the qua	alification	s referenced below are met.	
ENTITY NO.	1		Reporting For:	Self X	Spouse	
			Registered	Domest	ic Partner Dependent D	
LEGAL NAME	E: Seattle Pop	ocom Company, Inc.	POSITION	OR PE	RCENT OF OWNERSHIP	
TRADE OR OPERATING NAME: Uncle Woody's Popcom Company  President					President	
ADDRESS: 9	9320 15th Ave	S, Unit CD Seattle WA 98108				
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Specialty Popcom Manufacturer						
PAYMENTS E		EIVED FROM GOVERNMENTAL UNIT IN WHICE of payments		Amount	(actual dollars)	
	Not Ap	plicable		\$ 0		
PAYMENTS E	ENTITY RECE Agency	IVED FROM OTHER GOVERNMENT AGENCII name:		Purpose	of payment (amount not required)	
	Not Ap	plicable				
PAYMENTS E		EIVED FROM BUSINESS CUSTOMERS OF \$12 ner name:		Purpose	of payment (amount not required)	
Bartell Drugs, Crown Pacific Fine Foods, DPI Specialty Foods, Eurest Dining Service Fudge, TJX Corporation, Ahab, Shipping		ning Services, Ross, Seattle	Popcorn	Sales		
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):						
	Not App	licable				
Check here ☐ i	if continued on a	ttached sheet				
			CONTINUE	PARTS	B AND C ON NEXT PAGE	



PROVIDE INFORMATION FOR YOU AND ANY IMMEDIATE FAMILY MEMBERS

SEEC FORM

F-1

SUPPLEMENT (7/18)

## **SUPPLEMENT PAGE**

PERSONAL FINANCIAL AFFAIRS STATEMENT

Last Name Greene	First Jesse	Middle Initial E	DATE 02/04/19			
BUSINESS	OFFICE HELD, BUSINESS INTERESTS:  Provide the following information if, during the reporting period, you or any immediate family member (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profice organization, union, partnership, joint venture or other entity; and/or (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.					
•	Legal Name: Report name used on lega	al documents establishing the entity.				
•	Trade or Operating Name: Report name	e used for business purposes if different from the leg	al name.			
•	Position or Percent of Ownership: The o	office, title and/or percent of ownership held.				
•	Brief Description of the Business/Organia	zation: Report the purpose, product(s), and/or the s	ervice(s) rendered.			
•	Payments from Governmental Unit: If t entity concerning which you're reporting,	the governmental unit in which you hold or seek off show the purpose of each payment and the actual a	ice made payments to the business amount received.			
•	proprietorship, union, association, busin seek/hold office) which paid compensati services or other consideration was given		ent agency (other than the one you y. Briefly say what property, goods,			
•	Washington Real Estate: Identify real es	state owned by the business entity if the qualification	s referenced below are met.			
ENTITY NO. 1		Reporting For: Self X	Spouse			
		Registered Domest	ic Partner Dependent			
LEGAL NAME: Above an	d Beyond Repair LLC	POSITION OR PER	RCENT OF OWNERSHIP			
TRADE OR OPERATING	NAME:	Member	and Manager			
ADDRESS: 9320 15th Ave	e S., Unit CD, Seattle, WA 98108					
BRIEF DESCRIPTION OF	THE BUSINESS/ORGANIZATION: Prop	erty Management Construction Services Provider				
	EIVED FROM GOVERNMENTAL UNIT IN se of payments		actual dollars)			
Not Ap	pplicable	\$ 0				
PAYMENTS ENTITY RECF Agency	EIVED FROM OTHER GOVERNMENT AG y name:	GENCIES OF \$12,000 OR MORE:	of payment (amount not required)			
Not Ap	oplicable					
	EIVED FROM BUSINESS CUSTOMERS (		of payment (amount not required)			
SJC P	roperty Managment	Co	onstruction Services			
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):						
Not App	olicable					
Check here ☐ if continued on attached sheet						
		CONTINUE PARTS	PAND CON NEXT DAGE			



SEEC FORM

F-1

SUPPLEMENT (7/18)

## SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFO	ORMATION	FOR YOU AND ANY IMMEDIATE FAMI	LY MEMBERS			
Last Name Greene		First Jessica	Middle Initial R	DATE 2/3/19		
<b>A</b> BU	FFICE HEL USINESS ITERESTS	(1) were an officer, direct organization, union, p (2) were a partner or m	n if, during the reporting period, you or any immeditor, general partner, trustee, or 10 percent or martnership, joint venture or other entity; and/or ember of a limited partnership, limited liability page but not limited to a professional limited liability or	ore owner of a corporation, non-profit rtnership, limited liability company or		
	•	Legal Name: Report name used on legal	al documents establishing the entity.			
	•	Trade or Operating Name: Report name	e used for business purposes if different from the le	gal name.		
	•	Position or Percent of Ownership: The o	office, title and/or percent of ownership held.			
	•	Brief Description of the Business/Organi	zation: Report the purpose, product(s), and/or the	service(s) rendered.		
	•	Payments from Governmental Unit: If the entity concerning which you're reporting.	the governmental unit in which you hold or seek or show the purpose of each payment and the actua	ffice made payments to the business amount received.		
	•	proprietorship, union, association, busir	nd Other Government Agencies: List each corponess or other commercial entity and each governion of \$12,000 or more during the period to the end or performed for the compensation.	ment agency (other than the one you		
	•	Washington Real Estate: Identify real es	state owned by the business entity if the qualification	ons referenced below are met.		
ENTITY NO. 1			Reporting For: Self	Spouse X		
			Registered Dome	stic Partner Dependent D		
LEGAL NAME:	Seattle Pop	pcom Company, Inc.	POSITION OR PI	ERCENT OF OWNERSHIP		
TRADE OR OP	TRADE OR OPERATING NAME: Uncle Woody's Popcom Company  Treasurer					
ADDRESS: 93	320 15th Ave	s, Unit CD Seattle WA 98108				
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Specialty Popcorn Manufacturer						
PAYMENTS EN		EIVED FROM GOVERNMENTAL UNIT IN e of payments		(actual dollars)		
	Not Ap	plicable	\$ 0			
PAYMENTS EN	NTITY RECE Agency	EIVED FROM OTHER GOVERNMENT AG name:		of payment (amount not required)		
	Not Ap	plicable				
PAYMENTS EN		EIVED FROM BUSINESS CUSTOMERS ner name:		e of payment (amount not required)		
Bartell Drugs, Crown Pacific Fine Foods, DPI Specialty Foods, Eur Fudge, TJX Corporation, Ahab, Shipping						
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):						
	Not App	licable				
Check here ☐ if co	ontinued on at	ttached sheet	CONTINUE DADE	S B AND C ON NEXT PAGE		
			CONTINUE PART	S D AND C ON NEXT PAGE		